MANATRON.

51EXPOZ

November 14, 2007

Ms. Carolyn McGuire County Assessor Martin County PO Box 38 Shoals, IN 47581

Dear Ms. McGuire:

CATHY-Please Scan these as one document. I

This letter is to advise you that the warranty on the enclosed list of hardware items will expire February 2008. You have the option after the expiration date to place any or all of these items under maintenance with Manatron. You will find the monthly maintenance fees indicated to the far right on the attached sheet. The prices are for a level 1, same day service. If you chose to put these items under maintenance with Manatron, the fees would be added to your regular support bill and prorated.

If you decide <u>not</u> to select maintenance through Manatron, then the hardware will be put on a "Per Call" status. This means that Manatron would charge for time and materials if you would contact us for service on the item(s) on the attached sheet.

To place any of these items under maintenance with Manatron, please sign the appropriate line below and fax this letter back to me by **January 31, 2008** at 1-269-567-2930.

Please mark an "X" next to your preferred option below.

Von Lygorid Blocks and the terror of	
Yes, I would like to put the items on the attach listed.	led sheet under maintenance at the price(s)
**************	*****
No, I do not want to put the items on the attack	ned sheet under maintenance.
Signature Carolyn & McKeyis	Date <u>11/27/07</u>

If you have any questions regarding your maintenance needs, please contact Renee Fuller at 1-866-471-2900, ext. 121. Thank you.

Sincerely,

Renee M. Fullu

Renee Fuller Billing Department Faxed 11/28/07

Warranty Expiration Date

1451002 Martin County Assessor

2/1/2008 through 2/28/2008

Date: 11/12/2007

Time: 14:46:19

Page 1 of 1

			Pro	Product Serial Num	ıber	
Service Model	Service Provider	Responsiblity	Response	Service Type	Expiration Date	Price
Martin County Assessor		DOXTEX- DELL S	SERVER	DS-1000	1V1VS61-DOXTEK	Total
DS-1000	DELL	Manatron	Next Day On-site	Warranty Upgrade	02/11/2008	68.00



P.O Box 2348, Portage, MI 49081-2348 Phone (269) 567-2900

INVOICE

Invoice	0042259	
Date	3/14/2007	
Page	1	
Acct#	1451002	
Reference	71708	

BILL TO:

MARTIN COUNTY ASSESSOR 220 CAPITOL AVENUE P.O. BOX 38

SHOALS IN 47581

SHIP TO:

MARTIN COUNTY ASSESSOR 220 CAPITOL AVENUE P.O. BOX 38

SHOALS IN 47581

	·		
ITEM NO.	DESCRIPTION	UNIT	EXTENDED PRICE
SYS-CUST-806	IDOX UPGRADE BY JENNIFER ALLETTO	1 \$0.00	\$0.0000
TVL	ON 3/6/07 (CSR71708) AT NO CHARGE TRAVEL- MILES @ .44/MILE	220 \$0.44	\$96.8000
	A.A.		

Subtotal	\$96.80
Tax	\$0.00
TotalAmount	\$96.80

ACCOUNTS PAYABLE VOUCHER

MARTIN COUNTY, INDIANA

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

		Amount	08 75				Total 91,80
	Terms Terms	 Description (or note attached invoice(s) or bill(s))					
Payee	lanatron	Invoice Number	0042259				
	Man	Invoice Date	3 19 07	-3			

strify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services temized thereon for which charge is made were ordered and received except

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-2.

, 20

County Auditor

MANATRON

510 E. Milham Ave. PORTAGE, MICHIGAN 49002 269-567-2900

PRESS HARD - YOU ARE MAKING FOUR COPIES

 $N^{\underline{0}} \subset 71708$

MT #9403 11/04

CUSTOMER SERVICE RECORD

(Do not pay from this document. An invoice will be mailed.)

		e,			
Customer Name MUTN CUNY			Account #		
Department ASSELS			Contract N	umber#	
Address			Service Da	tes <u>03</u>	6107
City Sheals State TV Zip_					
Professional Services Rendered: Billable	Non Bi	lable _	X	Prepaid	1
i DOX 45 LA LE	DAYS	OR -	HOURS	RATE	TOTAL _ \$ \$
		_			\$ \$
TOTAL SERVICES RENDERED		- .			\$
Expenses Billable	Non Bil	lable _		Prepaid	Total
odging				·.	
Ω		•••••	••••••	•••••••	· 962.80
					\$ <u>/\(\partial\) \(\partial\)</u>
irfare		•••••	••••••	••••••	\$
lisc.			TAL EXPE		s s 96.80
lisc.					\$ \$ 96.80
					9680
					9680
otal Billable Amount					9680
otal Billable Amount					\$ 96.80 9680
otal Billable Amount					\$ 96.80 9680
otal Billable Amount	/				\$ 96.80 9680
Total Billable Amount					\$ 96.80 9680
Total Billable Amount Comments (who was trained, special notes)	/				\$ 96.80 96.80
Fotal Billable Amount					\$ 90.80 9680
Fotal Billable Amount	n X				\$ 96.80 9680 3111

MANATRON.

PO Box 2348, Portage, MI 49081-2348 Contact: Barbara Fitzgerald Phone(269)-567-2900 Ext. 169

MARTIN COUNTY ASSESSOR CAROLYN MCGUIRE, ASSR 220 CAPITOL AVENUE P.O. BOX 38 SHOALS IN 47581

Statement Date:

2/20/2007

Customer Account:

1451002

		BONARS MORASON SANAS SERVICES CONTRACTOR SERVICES	on the control of the control of the	an in the second of the second and t			48年第四年的
Documen	it No. Date	Codo	Description		Bright Charles	Control Marianan	(SEP 1990)
The Address of the Control		Code	Describtion			Amount	
	Market in the Decimenation of the Control	A Charles Control of the Control	in a mangamentan pantan permanan panggan per Santanggan penggan pen		Tarte strategy and strategy and a		被称形式
INVC028	271 12/29/20	ne ele					
	" 12/23/20	UU SLO	INVC028271	100		\$18,181.00	经商级
		100				Ψ10,101.00	

Customer Statement

Balance Due as of 2/20/07: \$18,181.00

	Enter That be seen	Contract State of Commence of the Contract of Contract	Selvens verillicas such receivam es vici.	The Control of the Co	description (description of the state of the state of the state of	
	l 0-60) Days	61-90 Days	مماريم	Zikaliya Kalentinga K	MARKET STATE OF STATE
	的文件的 医生物性肠囊肿 化水黄		ays פו ספידיס	91-120	Davs	121 and Over
Š	Probably residing the probability of	Provide the state of the first the second state of the second state of the second state of the second state of	and the state of t	Control of the Contro	ealth seathful a police of the	
	\$18,181.0	30		ne ex magnitude transmission	r Christian Islanda a sa a contra	Tie 10 Gebruik von der Andreas
3	Ψ1Ο, 10 1.0	JU,	\$0.00	\$0.00		የሰ ሰሰ
J	Assessment and the second of the second		brokes a reaction of the contraction			\$0.00
1163	The same of the second of the	The state of the Control of the Cont		201 100 100 100 100 100 100 100 100 100		

All Unapplied credits/returns are reported in the 0-60 day category

Codes: S

SLS = Sales /: Invoices

DR = Debit Memos

FIN = Finance Charges

PMT = Payments

CR = Credit Memos RTN= Returns

Thank you for your Business!

ACCOUNTS PAYABLE VOUCHER

MARTIN COUNTY, INDIANA

>	
red, by	•
rende	٠.
s service	
operly itemized must show: kind of service, where performed, dates service rendered, by	imber of hours, rate per hour, number of units, price per unit, etc.
An invoice or bill to be properly itemized must show:	whom, rates per day, number of hours, rate per hour,

										٠	
		Amount	18/8/				18.181.	erials or services			Mc Assessed.
Purchase Order No.	Terms Date Due	Description (or note attached invoice(s) or bill(s))					Total	attached invoice(s), or bill(s), is (are) true and correct and that the materials or services	charge is made were ordered and received except		2007 (200) Signature
Pa	angtron	Invoice Number	INVERTITION !	•		-		I hereby certify that the at			3
		Invoice Date	2 2067	- -				I hereby ce	itemized thereon for which		Feb. 2

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance

with IC 5-11-10-2.

County Auditor



P.O Box 2348, Portage, MI 49081-2348 Phone (269) 567-2900

INVOICE

Invoice	0041174	
Date	10/31/2006	
Page	1	*************
Acct#	1451002	
Reference	68663	

BILL TO:

MARTIN COUNTY ASSESSOR 220 CAPITOL AVENUE P.O. BOX 38

SHOALS IN 47581

SHIP TO:

MARTIN COUNTY ASSESSOR 220 CAPITOL AVENUE P.O. BOX 38

SHOALS IN 47581

ITEM NO.	DESCRIPTION	QTA	UNIT PRICE	EXTENDED PRICE	
SVS CHET 222	DI OF EVED A OF ASSO DAY ASSO			-	_
SYS-CUST-333	DLGF EXTRACT 2006 PAY 2007	1.00	350.00	\$350.00	

Subtotal	\$350.00
Tax	\$0.00
Total	\$350.00

MANATRON

510 E. Milham Ave. PORTAGE, MICHIGAN 49002 269-567-2900

PRESS HARD - YOU ARE MAKING FOUR COPIES

Nº 68663

MT #9403 6/03

CUSTOMER SERVICE RECORD

Customer Name Martin Co	ounly			~		
Department ASSESSOT				Account # _	14510	0))
	(100.6 00			Contract Nun	ıber#	
		· Box 3		Service Dates		
City Shoals	State	CN Zip 4	7581			
Drofossianal O.	_		· · · · · · · · · · · · · · · · · · ·		· · · · ·	
Professional Services	Rendered:	Billable	Non Billable _	Pı	epaid	
AR DICALIA	DESCRIPTION		DAYS OR	HOURS	RATE	TOTAL
AK DLG-F/LSA	Extract 200	6 Pay 2007		<u> </u>	350,00	· 350.00
						6
						Φ
						\$
			-			\$
	TOTAL SERVICE	IC BENDERED				\$
	TOTAL SERVICE	3 RENDERED			3000	350.00
Expenses					<u> </u>	
,		Billable	Non Billable	Prep	oaid	
Lodging						Total
Lodging					\$	
Meals				•••••	\$	
Ground Travel		·			\$	
Airfare			***************************************		\$	
Misc					\$	
				AL EXPENSE		
			/		, 4 <u></u>	
						
Total Billable Amount .	*****************				· e 25	50.00
			***********		🍑 💆	.00
Comments (who was trained, speci	al notes)					
		V	-i\	·		
	- I Well		/,			
	And Wo	115,4000				
<u> </u>	1 mller	3			<u> </u>	
	13/00 O/ Q					
	0, 11/31		11			
Out of the contract of the con	1	$\mathcal{N}_{\mathcal{N}}$				10/3/106
Customer Signature	Date	, (Manatron Repre	esentative		- Sisting

CLIENT 1

MODE = MEMORY TRANSMISSION

START=0CT-25 11:08

END=OCT-25 11:09

FILE NO.=324

ΟK

STN COMM.

ONE-TOUCH/

STATION NAME/TEL NO.

PAGES

DURATION.

NO. 001

ABBR NO.

19374315798

001/001

00:00:16

-MARTIN CO COMMISIONERS

812 247 2756- *******

Article Sent To: (to be completed by mailer)

U.S. Postal Service Delivery Confirmation Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

MANATE The power to m

ASSESSOR SERVICE ORDER AND AUTHORIZAT

POSTAL CUSTOMER: Keep this receipt. For Inquiries Access internet web site at www.usps.com®

CHECK ONE (POSTAL USE ONLY)

or call 1-800-222-1811

_Priority Mail[™]Service ∬First-Class Mail®parcel Package Services parcel

(See Reverse)

COUNTY NAME:

COMPLETED ASSESSMENT YEAR:

2006 Pay 2007

PS Form 152, May 2002

MAILING ADDRESS:

4105 Executive Dr Beavercreek, OH 45504

PHONE:

FAX:

1-877-977-6825 1-937-431-5798

Manstron, Inc.

MARTIN

ATTN:

ProVal Support

Please prepare and extract the required information from our data files for transmission to the Indiana Legislative Services Agency (LSA). We understand that LSA will then pass our information to the Department of Local Government Finance (DLGF).

I will send a archived copy of the ___ 2006 (insert assessment year) backup to your attention.

I understand that the county will be invoiced \$350.00 from Manatron for this service.

eroly S. M. Luise

October 25,

Date



The power to manage well."

ASSESSOR SERVICE ORDER AND AUTHORIZATION FORM

COUNTY NAME:	MARTIN	· · · · · · · · · · · · · · · · · · ·
COMPLETED ASSESSMENT YEAR:	2006_Pay_2007	
TO: MAILING ADDRESS: PHONE:	Manatron, Inc. 4105 Executive Dr Beavercreek, OH 45504 1-877-977-6825	
FAX:	1-937-431-5798	
ATTN:	ProVal Support	
	e required information from our data Agency (LSA). We understand that La overnment Finance (DLGF).	
I will send a archived copy of	the 2006 (insert assessmen	t year) backup to your attention.
I understand that the county	will be invoiced \$350.00 from Manatro	on for this service.

Caroly S. Mc Yuve Signature

October 25, 2006

Date





November 14, 2007

Ms. Carolyn McGuire County Assessor Martin County PO Box 38 Shoals, IN 47581

Dear Ms. McGuire:

Renee Fuller

Billing Department

This letter is to advise you that the warranty on the enclosed list of hardware items will expire February 2008. You have the option after the expiration date to place any or all of these items under maintenance with Manatron. You will find the monthly maintenance fees indicated to the far right on the attached sheet. The prices are for a level 1, same day service. If you chose to put these items under maintenance with Manatron, the fees would be added to your regular support bill and prorated.

If you decide <u>not</u> to select maintenance through Manatron, then the hardware will be put on a "Per Call" status. This means that Manatron would charge for time and materials if you would contact us for service on the item(s) on the attached sheet.

To place any of these items under maintenance with Manatron, please sign the appropriate line below and fax this letter back to me by **January 31, 2008** at 1-269-567-2930.

Please mark an "X" next to your preferred option below.

Yes, I would like to put the it	tems on the attached sheet u	nder maintenance at the price(s)

No, I do not want to put the i	tems on the attached sheet i	ınder maintenance.
Signature My Marketing If you have any questions regarding 1-866-471-2900, ext. 121. Thank you	your maintenance needs, ple	1/27/07 ease contact Renee Fuller at
Sincerely, Pence M. Fullu	Faxed 1128107	
n	11/201	

Warranty Expiration Date

1451002 Martin County Assessor

2/1/2008 through 2/28/2008

Date: 11/12/2007 Time: 14:46:19

Page 1 of 1

			Pro	duct Model Number	Product Serial Num	nber
ervice Model;	Service Provider	Responsiblity	Response	Service Type	Expiration Date	Price
Martin County Assessor DS-1000	DELL	DOXTEX- DELL S	SERVER Next Day On-site	DS-1000 Warranty Upgrade	1V1VS61-DOXTEK 02/11/2008	68.00
			Warranties E	xpiring for Martin Cou	nty Assessor: 1	



October 19, 2006

Ms. Frances Taylor County Auditor Martin County 111 S. Main St Shoals, IN 47581

Dear Ms. Taylor:

This letter is to advise you that the warranty on the enclosed list of hardware items will expire February 2007. You have the option after the expiration date to place any or all of these items under maintenance with Manatron. You will find the monthly maintenance fees indicated to the far right on the attached sheet. The prices are for a level 1, same day service. If you chose to put these items under maintenance with Manatron, the fees would be added to your regular support bill and prorated.

If you decide <u>not</u> to select maintenance through Manatron, then the hardware will be put on a "Per Call" status. This means that Manatron would charge for time and materials if you would contact us for service on the item(s) on the attached sheet.

To place any of these items under maintenance with Manatron, please sign the appropriate line below and fax this letter back to me by **January 1, 2007** at 1-269-567-2930.

Yes, I would like to put the items on the attached sheet under the	maintenance at the	price(s)
listed.		

No, I do not want to put the items on the attached sheet under	maintenance.	
Signature Date 10-2	?4-06	
If you have any questions regarding your maintenance needs, please c 1-866-471-2900, ext. 121. Thank you.	ontact Renee Fulle	r at

Sincerely,

Renee M. Fulle

Renee Fuller Billing Department

Warnanty Expiration Date

1451000 Martin County Auditor

2/1/2007 through 2/28/2007

Date: 10/16/2006 Time: 15:58:02

Page 1 of 1

Product Model Number Product Serial Number Price Expiration Date Service Type Response Responsiblity Service Provider Service Model USDNM15567 Q2426A LASERJET 4200N PRINTER 36.00 Martin County Auditor 02/18/2007 Warranty Upgrade Next Day On-site Manatron Advanced Micro Warranties Expiring for Martin County Auditor: 1



September 20, 2006

Ms. Carolyn McGuire County Assessor Martin County 111 S. Main St. Shoals, IN 47581

Dear Ms McGuire:

This letter is to advise you that the warranty on the enclosed list of hardware items will expire January 2007. You have the option after the expiration date to place any or all of these items under maintenance with Manatron. You will find the monthly maintenance fees indicated to the far right on the attached sheet. The prices are for a level 1, same day service. If you chose to put these items under maintenance with Manatron, the fees would be added to your regular support bill and prorated.

If you decide <u>not</u> to select maintenance through Manatron, then the hardware will be put on a "Per Call" status. This means that Manatron would charge for time and materials if you would contact us for service on the item(s) on the attached sheet.

To place any of these items under maintenance with Manatron, please sign the appropriate line below and fax this letter back to me by **December 1, 2006** at 1-269-567-2930.

Please mark an "X" next to your preferred option below.

Yes, I would like to put the items on the attaclisted.	ched sheet under maintenance at the price(s)
**************	*****
No, I do not want to put the items on the attac	ched sheet under maintenance.
Signature 6000 Me June If you have any questions regarding your maintenance 1-866-471-2900, ext. 121. Thank you.	Date <u>9/25/06</u> ce needs, please contact Renee Fuller at

Sincerely,

Renee M. Fulle

Renee Fuller Billing Department